

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Raw**  
(c) Name of hospital or institution:  
**2915 Park**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community **31 Years**  
years, months or days)

3. (a) PRINT FULLNAME **Cora Mertie Lebourveau Cook**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Fe.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Fred Walter Cook** 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **May 22 1864**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **7** Days **23** If less than one day hr. min.  
**Iowa**

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **George Lebourveau**

12. Name **George Lebourveau**  
13. Birthplace **N. H.** (State or foreign country)  
14. Maiden name **Sarah S. Cook**  
15. Birthplace **N. H.** (State or foreign country)

16. (a) Informant **R. P. Cook**  
(b) Address **2915 Park**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan-17-41**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Mrs. C. L. Forster**  
(b) Address **918 Brooklyn KCM**

19. (a) **Jan 17, 1941** (b) **M. M. Crowe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **2915 Park Kansas City Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2915 Park** (If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **15** - 1941  
year **1** hour **35** minute **P** M.

21. I hereby certify that I attended the deceased from **1/7** 1941 to **1/15** 1941  
that I last saw her alive on **1/15** and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myo Carditis**  
Duration **1 year**

Due to **Diabetic Coma**

Due to **61**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **✓**  
Of autopsy **✓**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **✓**  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **0**

23. Signature **D. R. Russell** (M. D. or other)  
Address **37-31 E-11 St.** Date signed **1/16/41**

Dr. Russell

3011a. 1st. Br 426 37th  
3231411 Br 7250 1st.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision..

Signed

*J. Elmer Sheppard*

Licensed Embalmer No. ....

P. O. Address

*4179*  
*K E ms.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**